



Maximum Timeframe Appeal Form

Student Name Student ID# Social Security Number Program or Major

I am requesting Financial Aid for (select one)

[] Fall [] Spring [] Summer Year: _____

Instructions: According to Satisfactory Academic Progress guidelines, you are on financial aid suspension. **You may appeal by completing and returning this form with an (“curriculum summary” complete by your academic advisor), all academic transcripts and a typed letter* to the Financial Aid Office.** Incomplete forms will be rejected. You understand by submitting this form any enrollment with Andrew College may be used for determining the outcome of this appeal. Notification of the committee’s decision will be delivered to you. ***Please allow at least 15 business days (may take longer during peak processing periods). Submission of this appeal does not guarantee approval and reinstatement of financial aid eligibility. All Committee decisions are final.***

Your typed appeal letter must include the following: a detailed explanation as to why you have earned more credits than your degree/certificate program requires.

Students may request to have their timeframe extended under the following circumstances: (check all that apply)

- I have attempted 150% or more of the credits required for my degree/certificate.
- I have transferred hours that do not apply to my program of study.
- I must take specific coursework in order to enroll in an eligible program (students requesting an extension under this requirement must be taking classes that are a prerequisite for admission to the program. Students meeting this Preparatory Course Work requirement are not grant eligible and may only be considered for loans during one consecutive 12 month period).

Certification and Signature

I understand that if this appeal is approved, I will be placed on probation. Only approved courses on my restricted course list (RCL) will be considered for federal financial aid. If I choose to take classes that have not been approved, I will not receive financial aid for those classes and delay of awarding and/or disbursements may occur. Additionally, I will only be funded for approved courses one time.

I have read and understand the Satisfactory Academic Progress Policy.

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for Mississippi Valley State University.

Student’s Signature

Date:



For Office Use Only- To Be Completed by the College Date

Date: _____ Committee initials: _____

Effective: Fall/ _____ Spring/ _____ Sum/ _____

Approved #Cr. attempt _____ #Cr. earned _____ CGPA _____

Declined

Approved with Stipulations:
